HAND DELIVERED

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sta for Yes No No	eet all three tes	a spouse or dependent child because they m	earned" income, or liabilities of e Committee on Ethics.	EXEMPTION - Have you excluded from this report any other assets, "unperned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
luded Yes No No	e disclosed. Have you excluded	other "excepted trusts" need not be disclosed.	anmittee on Ethics and certain of dependent child?	TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be from this report details of such a trust that benefits you, your spouse, or dependent child?
SNOI	E QUEST	N - ANSWER BOTH OF THES	RUST INFORMATIO	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS
ETE	UIRED TO COMPLETE		NLY THE SCHEDULES	THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQ
No No	an \$5,000 from or years?		Yes No	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?
with an Yes V No	agreement or arrangement with an Ing period or in the current calendar ig?	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes No	C. Did you or your spouse have "earned" income (e.g., salaries, honoraris, or pension/IRA distributions) of \$200 or more during the reporting period?
of filing? Yes No	ing the reporting	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes V No	A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearmed income from any reportable asset during the reporting period?
		TIONS	<u>게</u> OF THESE QUES	PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS
A \$200 penaity shall be assessed against any individual who files more than 30 days late.	A \$200 pend Individual w	Period Sovered: January 1, 2017	Staff Filor Type (If Applicable): Shared Principal Assistant	New Officer or Employee Employing Office:
(Office Use Only)	Ŏ	Check if Amendment	P &	New Member of or Candidate for State: U.S. House of Representatives District: Candidates - Date of Election: 5115118
U.S. RUUL OF KEFKESERIATIVES	น.ส์.ส.วัน	hone:	് ാമയുള Daytime Telephone:	Name: Madeloine Dean Cuna
LEGISLATIVE RESOURCE CENTER 101 8	LEGISLA	FORM B For New Members, Candidates, and New Employees		UNITED STATES HOUSE OF REPRESENTATIVES

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Madeleine Dean Corrage Page 2 of 8

JT Book of America	Sec. Maya cop Stor. Francis Somet Sociality ABC Hage Land ABC Hage Land X JT Loan to May 4 p.4 p.c.	In Interest-besing accounts toost me amount in all Interest-besing accounts if the total is own \$5,000, test away financial institution where there is 5,000, test away financial institution where there is more than \$1,000 in interest-besing accounts. For entitle in other real properly hard for investment, provide a composite address to description, e.g., "entail properly," and a city and state. For an ownership interest in a privately-held business that is not publicly traded, state the name of the trustment, the name of the trustment. The properly, and a city and state, and its geographic location in Blook A. Buchuse: You parsonal residence including second homes and variation homes (unless there was rental interest is), or income derived from, a federal interest is, or income derived from, a federal interest is not income derived from, a federal retirement program, including the Thrift Bavings Plen. If you so choose, you may indease that an asset or income source is that of your spourse (SP) or dependent child (DC), or jointly had with anyone (JT), in the opposal column on the far left. For a delayed decussion of Schedules A requirements, please or refer to the instruction bookiet.	the account that exceeds the reporting threeholds.		Assets and/or knoome Sources Identify (a) each asset held for investment or	BLOCK A
* * *	X X X X X X X X X X	\$1.\$7.360 \$1.90-315.000 \$15.001.\$35.000 \$50.001-\$100.000 \$190.801-\$250.806 \$250.001-\$300.600 \$250.001-\$50.000.000 \$300.601-\$1.000.000 \$300.601-\$1.000.000 \$50.000.001-\$25.000.000 \$50.000.001-\$25.000.000 \$50.000.001-\$25.000.000			Value of Asset Indicate value of asset at close of the reporting period if you	BLOCK B
×××	X Royalina Parineralus Pariner	NOME DIVIDENDS RENT RETERES! CAPITAL GARIS ENCEPTED-BLAGO TRUSS TAX-DEFERRED Other Type of Income (Specify e.g., Partnership Income or Farse income)		40(th), IRA, or 629 accounts), you may check the "Tax-Deferred" column. Dhridghnia, interest, and capital gaths, even if reinvested, must be disclosed as income for asset held in taxable accounts. Choose those if the sevent generated no income during the reporting ported.	Type of Income Check at columns that apply. For ecocums and concerns taudulatered income (such accounts)	SYCONE
XXX	× × × × ×	Name ST-SECO	Current Year	rapisi gains Check 'None 'Column XII a	For assets for	פרסכא ס
X X X	X	\$1.5200 = \$201.51,000	Preceding Year	e ure vergory or involve by breching the appropriate book before the transmission interest, and even if fellipselds must be disclosed as income for assets held in taxable accounts. If no income were earned or generated if no income were earned or generated in which you have no interest for assets held by your spouse or depandent child in which you have no interest.	COMe you may check the "None" column. For all other	

Name: Madeleine Dean Cunname Page 3

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Nove	S1-S1 600	S Herrill Lynh Am. George S herrill Lynh Am. George S berenheiner Int'l S Davis by Venture (HL) S Davis by Venture (HL) S American Funds Refuel S Herrill Lynds Regular X S Harring Hundson (W.F) S Harring Worther (Merill Lynd) S Wangan Worther (Merill Lynd) Am. Growth (Merill Lynd) Am. Growth (Merill Lynd) Frank (M. Tun (Merill)	ABBET NAME		Assets and/or Income Sources
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	X X X X X X X X X X X X X X X X X X X	X X X X X	< ×	\$1-\$200 = \$207-\$1,000	

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24% Equity	Chapel Hill NC bicycle Soft Extra	PSEES Bonds PSEES-Sharlen M PSEES-Sharlen M ASE, Inc Equity	terment on all	ABBET NAME VICTORY MESSAGE ABBET NAME		BLOCK A Assets and/or income Sources
	×		X	×	## ## ## ## ## ## ## ## ## ## ## ## ##	Value of Asset
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		X X X	XXXX	*	Cities Type of income (Spency) e.g.	Amou
			XXXX	X	\$camedaC income over \$1.000,005" \$ ###################################	at ock b

Use additional sheets if more space is required.

Name: madeleine Dean Connenz

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	Assets and/or income Sources Assets and/or income Sources Assets and/or income Sources Assets and/or income Sources
i X	
	DIVIDENDS ARIT RITEGES! CAPITAL SAMS ENCEPTENBURD TRUST TAX.DEFERRED Ottor Type of income (Specify, e.g., Performing receme)
X ××	None
	\$1.001-52.500

SCHEDULE C - EARNED INCOME

Name: madeleine Dean Conmare Page 6 of 8

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27.785. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for

		Am	Amount
Source (Hickage date of Tecept for Horioratia)	Урв	Current Year to Filing	Preceding Year
ABC [jide Association, Ballimore, MD [July 15]	Honorarym	\$0	\$500
Examples: Our Wer Roundlabe (Oct. 3) Onlarty County Board of Edycation	Spouse Speech	NA NA	\$1,000 N/A
PA House of Representatives	Salary	28,556	85,672
Advanced Sports	Spowe Salary	121, 153	415, 385
Advanced Sports	Paid insurance	11,866	35,598
IfA Distribution	Spowe.	50,000	

SCHEDULE D - LIABILITIES

Name: Madeleine Dean Congre Page 7 of 8

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you are personally liable); and (unless you are personally liable); and (unless you are personally liable); and exceeded \$10,000. liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting penod *Column K is for liabilities held salely by your spouse or dependent child.

	5		SP. DC.JT		
	TIAA.	Example			
	5 Wells Fargo 3/18	First Bank of Wilmington, DE	Creditor		
	3//8 3)/8	98/8	Date Liability Incurred MO/YR		
	Loan	Mongege on Renial Property, Dover, DE	Type of Liability		
			\$10,001- \$15,000	*	
, , ,			\$15,001- \$50,000	to	
	XX		\$50,001~ \$100,000	c	
		×	\$100,001- \$250,000	¢,	
			\$250,001- \$500,000	TB1	moun
			\$500,001- \$1,000,000	70	Amount of Liability
			\$1,000,001- \$5,000,000	၈	Billity
			\$5,000,001- \$25,000.000	2	
			\$25,000,001- \$50,000,000	-	
			Over \$50,000,000	٠.	
			Over \$1,000,000* (Spouse/DC Liability)	*	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions hold in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting

		Position	period and the current calendar year. First-year candidate
		Name of Organization	period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

SCHEDULE F -- AGREEMENTS

Name: Mad cleine Dean Connection B of B

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trainer Analyst

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and the prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Source (Name and City/State)	Brief Description of Duties
ביישיש Doe Jones & Smith, Hometown, Homestate	Accounting Services